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FAX: 1 (703) 872-9306

DATE: 01-21-2005

TIME: 2:45 PM

- ☐ WITH CONFIRMATION
☒ WITHOUT CONFIRMATION

RE: APPLICATION NO. 09/828,202
FILED: 04-09-2001

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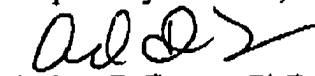
By:


Jennie Heaton

SUBMITTED HERewith FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal Form
- Credit Card Payment Form
- Amendment and Request for Reconsideration (20 Pgs.)
- Replacement Drawings (3 Shts.)

Respectfully submitted,


Andrew D. Fortney, Ph.D.; Reg. No. 34,600

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PTO/SB/21 (09-04)


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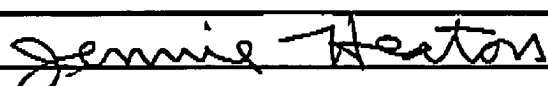
| | | |
|--|----------------------|---|
| TRANSMITTAL FORM | Application Number | 09/828,202 |
| | Filing Date | 04-09-2001 |
| | First Named Inventor | Jia-Hong SHIEH |
| | Art Unit | 2133 |
| | Examiner Name | Abraham, Esaw T. |
| (to be used for all correspondence after initial filing) | | |
| Total Number of Pages in This Submission | 27 | Attorney Docket Number ACR0025-US (MTKI-04-218A) |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1) Fax Transmission Cover Sheet 2) Credit Card Payment Form |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | The Law Office of Andrew D. Fortney, Ph.D., P.C. | | |
| Signature |  | | |
| Printed name | Andrew D. Fortney, Ph.D. | | |
| Date | 01-21-2005 | Reg. No. | 34,600 |

CERTIFICATE OF TRANSMISSION/MAILING

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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Jennie Heston | Date | 01-21-2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 650.00

Complete if Known

| | |
|----------------------|---------------------------|
| Application Number | 09/828,202 |
| Filing Date | 04-09-2001 |
| First Named Inventor | Jia-Hong SHIEH |
| Examiner Name | 2133 |
| Art Unit | Abraham, Esaw T. |
| Attorney Docket No. | ACR0025-US (MTKI-04-218A) |

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

33 - 20 or HP = 13 x 50 = 650

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x = 0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)**SUBMITTED BY**

| | | | | | |
|-------------------|---|--------------------------------------|------------|-----------|--------------|
| Signature |  | Registration No. (Attorney/Agent) | 34,600 | Telephone | 559-359-0128 |
| Name (Print/Type) | Andrew D. Fortney, Ph.D. | Date | 01-21-2005 | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Atty. Docket No. ACR0025-US (MTKI-04-218A)

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF:

:

Jia-Horng SHIEH

: GROUP ART UNIT: 2133

APPLICATION NO: 09/828,202

:

FILED: April 9, 2001

: EXAMINER: ABRAHAM, Esaw T.

FOR: Decoding System and Method in an
Optical Disk Storage Device

I hereby certify that this document is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 21, 2005.

By:


Jennie Heaton

AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 35 U.S.C. 132
AND 37 C.F.R. 1.111

Mail Stop AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

SIR:

Responsive to the Office Action dated November 3, 2004, Applicant respectfully requests reconsideration of the above-identified application in view of the following amendments and remarks.

01/24/2005 BBONNER 00000035 09020202

01 FC:1202

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